

# Perrysburg Jr. High School Athletic Department Emergency Medical Authorization

The purpose of this form is to enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

<b>Student Name:</b>		<b>Home Phone:</b>
<b>Address:</b>		
<b>Grade:</b>	<b>Date of Birth:</b>	<b>Bus # if ride:</b>
<b>Custody is with:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian, Name:		
<b>Father's Name:</b>		<b>Daytime Phone:</b>
<b>Father's Employer:</b>		<b>Work Phone:</b>
<b>Mother's Name:</b>		<b>Daytime Phone:</b>
<b>Mother's Employer:</b>		<b>Work Phone:</b>
<b>Relative/Childcare Provider Name:</b>		<b>Relationship:</b>
<b>Address:</b>		<b>Phone:</b>
<b>Other Contact:</b>		<b>Phone:</b>

**PART I OR II MUST BE COMPLETED – DO NOT COMPLETE PART II IF YOU COMPLETED PART I**

**Part I – Grant Consent:** In the event reasonable attempts to contact Parent(s)/Guardian at the numbers above have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Dr. \_\_\_\_\_ Phone \_\_\_\_\_ (preferred physician) or  
 Dr. \_\_\_\_\_ Phone \_\_\_\_\_ (preferred dentist) or  
 Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ Phone \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part II – Refusal to Consent:** I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following actions:

\_\_\_\_\_

\_\_\_\_\_

**Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please sign below to acknowledge consent for all sections listed on the reverse side**

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**PARENT or GUARDIAN Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**STUDENT Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Perrysburg Schools Athletic Department Parental & Student Consent Form

**Student Athlete Pledge**—As a student, I know I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the OHSAA, and I hereby accept the responsibility and privilege of good sportsmanship and of representing this school and community as a student athlete.

**Parent Pledge**—As a parent, I acknowledge that I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, officials, and support groups. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and that good sportsmanship is expected by our school, our conference, and the OHSAA. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

**Risk of Injury**—I acknowledge that I have been properly advised, cautioned and warned by the administration and/or coaching staff of the Perrysburg Public Schools that by participating in interscholastic athletics, I am exposing myself to the risk of serious injury. This could include, but is not limited to sprains, fractures, ligament and/or cartilage damage which could result in temporary or permanent, partial or complete, impairment of limbs, brain damage, paralysis or even death. I do desire to participate in athletics.

**Insurance/Assumption of Risk**—As Parent/Guardian, I give my permission for my child to participate in athletics at Perrysburg Schools. I understand the school district will make every effort to supervise my child during practices and games so that he/she may participate without being injured, but acknowledge injuries including serious and permanent ones, and even death, are a possibility in interscholastic athletics. Understanding the risk involved, I consent to have my child participate in athletic department, programs, and waive and forever release the Board of Education of the Perrysburg Public Schools, its officials, agents and employees from all liability for wrongful death, bodily injury or property damage that may result to my child during or as a result of interscholastic athletics. I understand the school assumes no financial responsibility in case of any injury.

**Code of Conduct/Student Equipment Contract**—I have read am aware of, and understand the rules and regulations that govern the conduct of participants in Perrysburg Public Schools Athletic Program. The receipt of this code is my first warning, and it is in effect from the first practice until the awards ceremony at the conclusion of the season. If I choose to violate these rules and regulations, I understand I will be disciplined according to policy. I will be responsible for all equipment issued to me. I will take proper care of, clean and return it when told to. I will pay replacement cost for any equipment that is lost or damaged that has been issued to me. I will abide by the PHS Athletic Department Code of Conduct. By signing below, I acknowledge that I understand my responsibilities and have read the rules with my parent or guardian.

**Updated 12/08/14**

**Parent Equipment Contract**—The athletic equipment listed below may be issued to your son/daughter by the athletic department. By signing this contract, you and your son/daughter agree to accept responsibility for this equipment and will return the equipment at the end of the season or pay the replacement cost.

I do agree to pay the cost of equipment that was issued to my son/daughter if it is not returned to the athletic department at the end of the season. Equipment not turned in on the due date assigned by the coach will incur a one-time \$20 fee.

## Informed Consent Agreement

### As a student:

- I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the Perrysburg Exempted Village School District Drug Testing Policy.
- I have read the Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Drug Testing Policy.
- I understand that when I participate in any athletic program, I will be subject to initial and random drug and alcohol testing, and if I refuse, I will not be allowed to practice or participate in any athletic activities. I have read the Informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while I am a student in the Perrysburg Exempted Village School District system.

### As a parent or guardian:

- I have read the Perrysburg Exempted Village School District Drug Testing Policy and understand the responsibilities of my son/daughter/ward as a participant in athletic extracurricular activities in the Perrysburg Exempted Village School District.
- I pledge to promote healthy lifestyles for all student athletes and participants in selected competitive activities in the Perrysburg Exempted Village School District.
- I understand that my son/daughter/ward, when participating in any athletic program and selected competitive extracurricular programs, will be subject to initial and random urine drug and alcohol testing, and if she refuses, will not be allowed to practice or participate in any athletic activities and/or selected competitive extracurricular programs. I have read the Informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while my son/daughter/ward is a participant in athletics and/or selected competitive extracurricular programs in the Perrysburg Exempted Village School District.
- I understand that my son/daughter/ward will be asked to participate in a drug testing survey. Names are not collected on the survey.